**Agency Name:** Goodwill Industries of Northern Illinois

Program Name: Financial Literacy

Program Description: Provides financial education on varying topics such as budgeting, banking, credit,

housing, and taxes. Participants can earn up to \$150, after graduating for

completing incentives.

## **Program Comments:**

As of 1/20/2016, Goodwill's course teaches:

Building a Budget (how to save from groceries to clothes) Banking Basics (learn how to open bank account for needs)

Credit Reports (get a free credit report)

Surviving Tax Time (time to get papers in order)

How to Get Out of Your Financial Rut

Renting & Home-buying Basics (be smart tenant & homebuyer)

Please check schedule or contact for dates & times. (Hours refer to location.)

For special accommodations/translation: must request ahead (ex. Spanish, ASL).

## GoodSTEPS Partners:

 $\hat{a} \in \not \in$  Prairie State Legal Services  $\hat{a} \in \not \in$  Family Credit Management  $\hat{a} \in \not \in$  Members Alliance Credit Union  $\hat{a} \in \not \in$  Generations Credit Union

• HomeStart • Alpine Bank

• Rockford Housing Authority

Last Comprehensive Update: 2/14/2020 12:00:00 AM

Street Address: 740 W. Riverside Blvd

City: Rockford Zip Code: 61103

General Phone Number: 8159653795

**Extension:** Hotline Number:

Agency Web-Address: http://www.goodwillni.org/

Contact Person: Available Staff
Contact Phone Number: 8159653795

**Contact Fax Number:** 

Contact Email Address: programs@goodwillni.org

Program Head Title: Director of Mission Services

**Program Head:** Courtney Geiger **Web Address:** www.goodwillni.org/

**Email Address:** 

Type of Treatment: Non-Clinical Program

Population Served: General

**Other Populations:** 

Level of Care: Outpatient

Capacity:

Offered in other Languages?

Accepting New Clients ?

| Program Hours                      |         |        |  |
|------------------------------------|---------|--------|--|
| Office open 24 hours?              |         |        |  |
| <b>Monday:</b> 8:30am              | То      | 4:30pm |  |
| Tuesday: 8:30am                    | To      | 4:30pm |  |
| Wednesday: 8:30am                  | То      | 4:30pm |  |
| Thursday: 8:30am                   | То      | 4:30pm |  |
| Friday: 8:30am                     | То      | 4:30pm |  |
| Saturday:                          | То      | ····I  |  |
| Sunday:                            | То      |        |  |
| What are clients' payment options? |         |        |  |
| ☐ Medicaid                         |         |        |  |
| Medicaid HMO                       |         |        |  |
| Medicare                           |         |        |  |
| AllKids (formerly KidCare)         |         |        |  |
| DCFS Payment                       |         |        |  |
| Private Insurance                  |         |        |  |
| Free                               |         |        |  |
| Sliding Scale                      | Min:    | Max:   |  |
| Other                              | 141111. | Man    |  |
| Oulci                              |         |        |  |
| Geographic Restrictions            |         |        |  |
| Serves all of Chicago:             |         |        |  |
| Serves all of Cook County:         |         |        |  |
| Serves all of Illinois:            |         |        |  |
| Zip Codes Served                   |         |        |  |
| Counties Served                    |         |        |  |
| Boone                              |         |        |  |
| Bureau                             |         |        |  |
| Carroll                            |         |        |  |
| Dekalb                             |         |        |  |
| Henry                              |         |        |  |
| Jo Daviess                         |         |        |  |
| Kendall                            |         |        |  |
| La Salle                           |         |        |  |
| Lee<br>Mchenry                     |         |        |  |
| Ogle                               |         |        |  |
| Stephenson                         |         |        |  |
| Whiteside                          |         |        |  |
| Winnebago                          |         |        |  |
| Areas                              |         |        |  |

Waitlist:

**Local Area Networks:** 

| Neighborhoods: Referral assistance, if ne         | cessary.                    |                          |                      |                    |                    |
|---|-----------------------------|--------------------------|----------------------|--------------------|--------------------|
| Catchment Areas:                                  |                             |                          |                      |                    |                    |
| Regions:  |                             |                          |                      |                    |                    |
| Eligibility                                       |                             |                          |                      |                    |                    |
| Minimum Age: 18                                   |                             |                          |                      |                    |                    |
| Maximum Age: 100                                  |                             |                          |                      |                    |                    |
| Age Related Notes:                                |                             |                          |                      |                    |                    |
| Gender: All                                       |                             |                          |                      |                    |                    |
| Accepts DCFS YIC? ✓                               |                             |                          |                      |                    |                    |
| Individual on Probation?                          |                             |                          |                      |                    |                    |
| Additional Eligbility Requirements:               |                             |                          |                      |                    |                    |
| Special Accommodations (for clients with          | physical dis                | sabilities               | s)                   |                    |                    |
| Implement a specialized curriculum                |                             |                          |                      |                    |                    |
| Adapt to the client's individual style            |                             |                          |                      |                    |                    |
| Have specialized staff                            |                             |                          |                      |                    |                    |
| Provide Medical Assistance                        |                             |                          |                      |                    |                    |
| Structural Accommodations                         |                             |                          |                      |                    |                    |
| Program Funding                                   |                             |                          |                      |                    |                    |
| Has DCFS Contract?                                |                             |                          |                      |                    |                    |
| DCFS Contract:                                    |                             |                          |                      |                    |                    |
| DCFS Contract Number:                             |                             |                          |                      |                    |                    |
| DCFS Contract:                                    |                             |                          |                      |                    |                    |
| DCFS Contract Number: DCFS Contract:              |                             |                          |                      |                    |                    |
| DCFS Contract: DCFS Contract Number:              |                             |                          |                      |                    |                    |
| Dels contract (umber)                             |                             |                          |                      |                    |                    |
| Financial Assistance Provided                     |                             |                          |                      |                    |                    |
| Bills   |                             |                          |                      |                    |                    |
| —   |                             |                          |                      |                    |                    |
| ☐ Transportation                                  |                             |                          |                      |                    |                    |
| Clothing  |                             |                          |                      |                    |                    |
| Assistive Technology                              |                             |                          |                      |                    |                    |
| ☐ Other   |                             |                          |                      |                    |                    |
|   |                             |                          |                      |                    |                    |
| Services Offered                                  |                             |                          |                      |                    |                    |
| Service Type Is Free? Is Stand Alone? Description | Eligibility<br>Requirements | Offered<br>in<br>Spanish | Offered<br>in Polish | Other<br>Languages | Offered<br>in Home |
| Counseling/The rapy - Peer Support Group          |                             |                          |                      |                    |                    |

| General<br>Support<br>Services - Case<br>Management |  | <u> </u> |  |
|---|--|----------|--|
| General<br>Support<br>Services -<br>Other           |  |          |  |

PLEASE NOTE: The information listed in the Service Provider Identification and Exploration Resource (SPIDER) is solely based on self-reported information given by the respective Agencies and Programs listed in SPIDER. The Illinois Department of Children and Family Service (DCFS), Northwestern University's Feinberg School of Medicine's Mental Health Services and Policy Program (MHSPP) and the Department of Innovation and Technology (DoIT) make no representations or warranties of any kind, express or implied, regarding the accuracy, adequacy, validity, reliability, availability, or completeness of any information listed on SPIDER.

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If you see any inaccurate, outdated or missing data from SPIDER, please contact the SPIDER Team at DCFS.SPIDER@illinois.gov for assistance.